

## Request for Continued Examination (RCE) Transmittal

Address to:  
Mail Stop RCE  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

|                      |                  |
|----------------------|------------------|
| Application No.      | 10/564,920       |
| Confirmation No.     | 5304             |
| Filing Date          | January 17, 2006 |
| First Named Inventor | Destura et al.   |
| Group Art Unit       | 2629             |
| Examiner Name        | Grant Sitta      |
| Attorney Docket No.  | 259404           |
| Client Reference No. | P80375US00       |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1. Submission required under 37 CFR 1.114

- a.  Previously submitted
  - i.  Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on  
(Any unentered amendment(s) referred to above will be entered.)
  - ii.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on
  - iii.  Other:
- b.  Enclosed
  - i.  Amendment/Reply
  - ii.  Affidavit(s)/Declaration(s)
  - iii.  Information Disclosure Statement (IDS)
  - iv.  Form PTO-1449
  - v.  Copies of References listed in Form PTO-1449  
(except for U.S. patents and applications)
  - vi.  Other:

2. Miscellaneous

- a.  Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)
- b.  Applicant claims small entity status. See 37 CFR 1.27
- c.  Other:

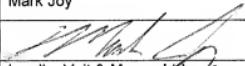
3. Fees - The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a.  Please charge Deposit Account No. 12-1216 in the total amount indicated below.
  - i.  RCE fee of \$810.00 (large entity) required under 37 CFR 1.17(e)
  - ii.  One-month extension of time fee of \$ 0.00 (37 CFR 1.136 and 1.17)
  - iii.  A extension has already been secured and the fee paid therefor of \$ 0.00 is deducted from the total fee due for the total amount of extension now requested.
  - iv.  Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.
  - v.  Suspension of action fee of \$130.00 (37 CFR 1.17(i))
  - vi.  Other:
  - vii.  Claim fee

\$810.00  
\$ 0.00

\$ 0.00

| CLAIM FEE                                                                                                                                                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | EXTRA<br>CLAIMS<br>PRESENT | RATE    | Add'L<br>CLAIM<br>FEE | RATE    | Add'L<br>CLAIM<br>FEE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------|----------------------------|---------|-----------------------|---------|-----------------------|
| TOTAL                                                                                                                                                                                          | 18                                                            | MINUS                                       | 20                         | =       | x 26 =                | x 52 =  |                       |
| INDEPENDENT                                                                                                                                                                                    | 2                                                             | MINUS                                       | 3                          | =       | x 110 =               | x 220 = |                       |
|                                                                                                                                                                                                | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM |                                             |                            | + 195 = | + 390 =               |         |                       |
| <b>Total amount to be charged to Deposit Account</b>                                                                                                                                           |                                                               |                                             |                            |         |                       |         |                       |
| \$810.00                                                                                                                                                                                       |                                                               |                                             |                            |         |                       |         |                       |
| <p>b. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216.</p> |                                                               |                                             |                            |         |                       |         |                       |

| <b>SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</b> |                                                                                                                            |                                      |                                                          |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------|
| Name (Print/Type)                                         | Mark Joy                                                                                                                   | Registration No.<br>(Attorney/Agent) | 35,562                                                   |
| Signature                                                 |                                           | Date                                 | February 15, 2011                                        |
| Address                                                   | Leydig, Voit & Mayer, Ltd.<br>Two Prudential Plaza, Suite 4900<br>180 North Stetson Avenue<br>Chicago, Illinois 60601-6731 | Phone                                | (312) 616-5600 (telephone)<br>(312) 616-5700 (facsimile) |